

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px;">Francisco For Congress</div>			
ADDRESS (number and street) 2407 Anacapa Street			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> Santa Barbara CA 93105 </div>			
2. NAME OF CANDIDATE Dale Francisco	3. OFFICE SOUGHT (State and District) House CA 24		4. FEC IDENTIFICATION NUMBER C00551721
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON 05 / 30 / 2014			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">Robertson Short Jr.</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">300 Hot Springs Road #20</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Santa Barbara CA 93108 </div>	Name of Employer Retired Transaction ID : 40530.C773 Occupation Retired	Date (month, day, year) 05/30/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">Paul Sorensen</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">4220 Mariposa Drive</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Santa Barbara CA 93110 </div>	Name of Employer Select Staffing Transaction ID : 40530.C774 Occupation Vice President	Date (month, day, year) 05/30/2014	Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">Carol Wathen</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PO Box 1137</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Summerland CA 93067 </div>	Name of Employer Retired Transaction ID : 40530.C775 Occupation Retired	Date (month, day, year) 05/30/2014	Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional) Chrissie Hastie <div style="text-align: center;">[Electronically Filed]</div>	DATE 05/30/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)